



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BAYLOR MEDICAL CENTER AT IRVING
2001 BYAN STREET SUITE 2600
DALLAS TX 75021

Carrier's Austin Representative Box

54

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Date Received

JUNE 5, 2006

MFDR Tracking Number

M4-06-6338-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary Dated June 5, 2006: "5 day surgical per diem 1118.00 + one ICU 1560.00 cost of implants 10%. Ins denied timely filing. No EOB ever received provider file 1st time 10-10-05 & resubmitted for 2nd request 2-27-06 to be denied timely filing – please consider payment claim was filed in timely matter."

Amount in Dispute: \$17,176.47

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary Dated June 21, 2006: "The requestor did not file their complete medical bill with carrier within the 95 day time-frame from the date of service; therefore, the requestor was not compliant with DWC Rule 134.801."

Response Submitted by: Texas Mutual Insurance Co.

Respondent's Supplemental Position Summary Dated September 7, 2011: "In its original response (Attachment 1) Texas Mutual argued the requestor failed to submit timely its bill within the 95 days prescribed by Rule 134.801 (in effect at that time). The requestor submitted two bills, one for dates 9/7/05 – 9/13/05 and a second one for dates 9/13/05 – 9/16/05. (Attachment 2) The first bill is annotated '2nd Submission not a Dup...', In the requestor's DWC-60 packet is a bill for the same disputed dates 9/7/05 – 9/13/05 and without any annotation. (Attachment 3) However, that is not the bill Texas Mutual first received. The signature date on this bill is 9/25/05. It is tempting to equate the signature date on the bill to the submission date of the bill. Yet the signature date has no relationship to the time the bill was submitted. Other evidence of submission must be in existence to confirm a submission date. To this end the DWC MDR has stated that the evidence must satisfy the requirements of 28 TAC §102.4(h)."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Disputed Dates	Disputed Services	Amount In Dispute	Amount Due
September 7, 2005 through September 13, 2005	Inpatient Hospital Services	\$17,176.47	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 and §133.307, 27 *Texas Register* 12282, applicable to requests filed on or after January 1, 2003, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.401, 22 *Texas Register* 6264, effective August 1, 1997, sets out the fee guidelines for inpatient services rendered in an acute care hospital.
3. 28 Texas Administrative Code §134.1, 27 *Texas Register* 4047, effective May 16, 2002, sets out the guidelines for a fair and reasonable amount of reimbursement in the absence of a contract or an applicable division fee guideline.
4. Texas Labor Code §408.027, titled *Payment of Health Care Provider*, effective September 1, 2005, sets out the deadline for timely submitting the medical bills to the insurance carrier.
5. 28 Texas Administrative Code § 102.4, titled *General Rules for Non-Commission Communication*, effective May 1, 2005, sets out rules to determine when written documentation was sent.

The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of Benefits

- CAC-29-The time limit for filing has expired.
- 731-134.801 provider shall not submit a medical bill later than the 95th day after the date of service, for services on or after 9/1/05.

Issues

1. Does the submitted documentation support timely filing of medical bill per Texas Labor Code §408.027?

Findings

1. Texas Labor Code §408.027(a) states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

The respondent states in the position summary that "The requestor did not file their complete medical bill with carrier within the 95 day time-frame from the date of service; therefore, the requestor was not compliant with DWC Rule 134.801."

The Division reviewed the submitted documentation and finds that the requestor did not submit a fax confirmation report, personal delivery or electronic transmission report, postmarked mail or signature date on written communication to support position that the medical bill was sent timely per 28 Texas Administrative Code § 102.4(h).

Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code

§408.027(a).

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration

of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not supports that the medical bill was submitted timely in accordance with Texas Labor Code §408.027(a). For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	1/25/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.